

# UNIVERSITY

## PARKING ENFORCEMENT

### APPEALS DEPARTMENT – Administrative Review

#### UNIVERSITY PARKING ENFORCEMENT

Attn: Appeals Department  
1649 Riverside Avenue  
Provo, UT 84604

Full Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Alt. Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Tow/Boot Location \_\_\_\_\_ Date \_\_\_\_\_

*Please attach the following information and paperwork:*

- \_\_\_ Written Request for Administrative Review – An accurate account of your parking experience.
- \_\_\_ Provide a copy of your parking enforcement receipt.
- \_\_\_ Provide a copy of the “WARNING” that was placed on your window (if booted).
- \_\_\_ Provide a self-addressed stamped envelope.

***ONLY SERIOUS APPEALS WILL BE CONSIDERED. ALL INFORMATION MUST BE FILLED OUT COMPLETELY IN ORDER TO APPEAL A FINE. PLEASE PROVIDE ALL PERTINENT INFORMATION FOR THE APPEALS DEPARTMENT TO MAKE AN INFORMED DECISION. INCOMPLETE APPEALS WILL BE DISCARDED. AN APPEAL MUST BE MADE WITHIN 30 DAYS OF THE DATE OF THE FINE. PLEASE ALLOW 2-6 WEEKS TO RECEIVE YOUR APPEAL RESPONSE BY MAIL.***

-----**FOR OFFICE USE ONLY**-----

DATE RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_ ENFORCEMENT OFFICER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RESPONSE DATE: \_\_\_\_\_

DECISION: \_\_\_\_\_